

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS75AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/07/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BERNADETTE CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1104 IRONWOOD DRIVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on May 7, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for nine Residential Facility for Group beds which provide care for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was nine. Nine resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D.  The following deficiencies were identified:	Y 000		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review on 5/7/09, the facility failed to ensure 2 of 4 caregivers met background	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1  check requirements (Employee #3 and #4).  Severity: 2      Scope: 3	Y 105		
Y 176 SS=F	449.209(4)(c) Health and Sanitation-Insects, Rodents  NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (c) Insects and rodents.  This Regulation is not met as evidenced by: Based on observation on 5/7/09, the facility failed to keep the cupboards under the kitchen sink, the cupboard below the stove, cupboard to the left of the kitchen sink and the second drawer next to the garage free from mice droppings.  Severity: 2      Scope: 3	Y 176		
Y 178 SS=B	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.  This Regulation is not met as evidenced by: Based on record review, the administrator did not	Y 178		

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Y 178	Continued From page 2  ensure that of the facility was well maintained (broken shower door pane in bathroom #1 and immobile closet door in bedroom #2).  Severity: 1 Scope: 2	Y 178		
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary  NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.  This Regulation is not met as evidenced by: Based on observation and interview on 5/7/09, the food preparation area was not clean allowing for the sanitary preparation of food (dust, grease and debris on the stovetop, ventilation cover, ovens and surrounding areas).  Severity: 2 Scope: 3	Y 250		
Y 252 SS=C	449.217(3) Storage of Food-Adequate storage; Packaging  NAC 449.217 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately	Y 252		

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Y 920	Continued From page 5  person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.  This Regulation is not met as evidenced by: Based on observation on 5/7/09, the medications for 9 of 9 residents were not stored in a locked area.  Severity: 2 Scope: 3	Y 920			
Y 994 SS=F	449.2756(1)(e) Alzheimer's fac knives  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.  This Regulation is not met as evidenced by: Based on observation on 5/7/09, drawers in the kitchen were left unlocked and contained knives and a lighter which were accessible to 8 of 9	Y 994			

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Y 994	Continued From page 6 residents.  Severity: 2      Scope: 3	Y 994		
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.  This Regulation is not met as evidenced by: Based on observation on 5/7/09, the administrator failed to ensure that toxic substances were not available to residents (insect poison spray under the sink in an unlocked cabinet).  Severity: 2      Scope: 3	Y 999		

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